

TOWN OF STOW REGISTRATION FORM

Name: _____

Address: _____

Phone Number: _____

Please cut on the dotted line & return the form to your local Board of Health by mail, in person, or by
Email at health@stow-ma.gov by May 8, 2008.

A Reminder:

For your protection, when you arrive at the collection site, you **MUST** remain in your vehicle at all times unless specifically instructed by the hazardous waste day coordinator to do otherwise. When you enter the site, you will be asked to show your picture I.D. Any materials that are not acceptable will be marked as such and will **not** be removed from the vehicle at any time. Once you have been cleared to move forward, you will be directed to the appropriate area where technicians will remove the household hazardous waste material from your vehicle. **Only** personnel, supplied by the contractor and qualified to handle hazardous waste, will handle hazardous materials. **No one** will be allowed to move about the collection site without prior authorization from the Contractor.

It is very likely that you may have to wait in a long line from the moment you arrive. We will be working very hard to make your experience as safe, pleasant, and quick as possible. Please bring a good sense of humor and plenty of patience along with your household hazardous waste.

This year we are asking for a \$10.00 donation from each vehicle to help defray the cost of this expensive event.